

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586,671

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1	1			
2		2		1		
3		0		1		
4		0		1		
5		0		1		
6		0		1		
7		0		1		
8		0		1		
9		0		1		
10		0		1		
11		0		1		
12		0		1		
13		0		1		
14		0		1		
15		0		1		
16		0		1		
17		0		1		
18		1		1		
19		1		1		
20		2		1		
21		0		2		
22		2		1		
23		2		1		
24		1		1		
25		1		1		
26		1		1		
27		3		1		
28		3		1		
29		3		0		
30		0		1		
31		0		1		
32		0		1		
33		0		1		
34	1		1			
35	1		1			
36				1		
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49						
50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	43	←	34	←		←
TOTAL CLAIMS	46		37			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						